

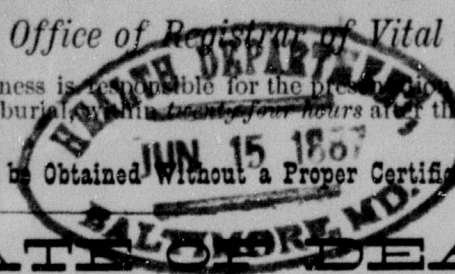
Board of Health, City of Baltimore,

Permit No. A. 381

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, June 14. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcus E Burch

Sex, Male { Cross out the word not required in this line. }

Age, 44 Years, 1 Months, — Days.

Color, White

Married, Single { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bryantown Charles Co. Md

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, { Give street and number. } 5. E Mulberry St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Corrosion of Liver

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Rev. Cathedral

Date of Burial, June 16 1887 Robt W Johnson M.D.,
Medical Attendant.

Undertaker, A Rosenberger

Place of Business, 61 Park Ave Address, 101 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 382 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Igdehart

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 65 Years, — Months, — Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard County Md

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give Street and Number. } 29 S. Carey

Cause of Death, { First (Primary), Second (Immediate), } Bright Disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16

Undertaker, J. B. Cook

Place of Business, 1003 W. Patterson Address, 1122 N. Mount St.

Edward H. Leonard, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department of Baltimore.

Permit No. A 383

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mellie Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 16 Months, 15 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1330 W. Henry St.

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Louder Park Cem.

Date of Burial, June 16/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore Address, 701 Manchester Ave

John Veff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

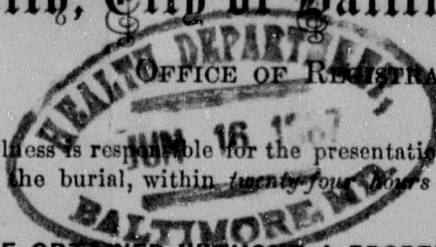
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

A. 384



OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Jaeger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 39 Albemarle St -

Cause of Death, { First (Primary,) Maligant tumor of throat. Second (Immediate,) Asthenia

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, June 16th

{ Undertaker, Wm Schaeffer

{ Place of Business, # 8, S. Front ST

J. Edwin Michael M. D. Medical Attendant.

Address 937 Madison av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 385

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1887.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary V. Bowen
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Three Years, One Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single
Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland.
Duration of Residence in the City of Baltimore, About seven months
Place of Death, { Give Street and Number. } No. 1234 Harford ave
Cause of Death, { First (Primary), Diphtheria
Second (Immediate), Septicaemia.
Duration of Last Sickness, About five days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross
Date of Burial, June 16th
{ Undertaker, H. C. Wiedefeld } Reg. R. Clewell M. D.
Place of Business, 716 Greenmt Address, 1241 Harford ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 386 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16, 1888.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Celeste O. Bowen.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Seven Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Seven months

Place of Death, { Give Street and Number. } No. 1234 Harford ave

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Septicaemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 16th

Undertaker, H. C. Wedepfeld Aug. P. Jewell M. D. Medical Attendant.

Place of Business, 916 Greenmt Ave Address, 1241 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 387 Office of Registrar of Vital Statistics. Ward 15²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 48 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E Story

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Val

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Val

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 807 William St

Cause of Death, { First (Primary), Second (Immediate), } Arteriosclerosis
Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 17/1887

{ Undertaker, Armstrong } Geo D Reynolds M. D. Medical Attendant.

{ Place of Business, 715 Light } Address, 711 N Calver

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the blanks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 388

Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A. Bannon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 10 Months, 10 Days.

Color, White

Married, Single, Wid~~ow~~ or Wid~~ow~~er, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } St. Peter

Duration of Residence in the City of Baltimore, 10 90 2 Reach alley

Place of Death, { Give Street and Number. } 10 90 2 Reach alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peter

Date of Burial, June 16th 1887

{ Undertaker, Amos J. J. J. } L. C. Burch M. D.

{ Place of Business, 715 Light } Address, 511 Hanover Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, MD 21201. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

389

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14 '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Ponce

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years,

Months,

Days.

Color, Whit

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

Mechanics Hall on S. High St.

Cause of Death, { First (Primary), Second (Immediate), }

Cardiac disease - insufficiency of aortic & mitral valves

Duration of Last Sickness,

Instant death

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

June 17 1887

Undertaker,

Gas B. Byrne

Place of Business,

32 N. Gay

Alexander Hill

M. D.

Medical Attendant.

Coroner,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

A-390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15. June 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Marie Uhlig.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~~~~ Years, 4 Months, 8 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. }

1711 E. Madison St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cholera infantum.

Duration of Last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 16.

Robert F. Thorpe M.D.,
Medical Attendant.

{ Undertaker, Walter Immel

{ Place of Business, 594 W. Biddle St.

Address, 424 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]